

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14	1						64						
15		1					65						
16		2					66						
17		2					67						
18		2					68						
19	1						69						
20	1						70						
21		2					71						
22		2					72						
23		2					73						
24	1						74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30	1						80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		2					86						
37	1						87						
38		1					88						
39		1					89						
40		1					90						
41	1	1					91						
42		1					92						
43		1					93						
44	1						94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50	1						100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	48						TOTAL DEP.						
TOTAL CLAIMS	58						TOTAL CLAIMS						